

Client Web Services Companion Guide

Integrated Behavioral Health Information Systems (IBHIS) Project

Los Angeles County Department of Mental Health

Chief Information Office Bureau
Project Management Office



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Disclosure Statement

This document represents the Los Angeles County Department of Mental Health (LACDMH) implementation instructions for Client Web Services. This document specifies the function calls, data elements, and the associated dictionary values to exchange client data electronically with LACDMH. This Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the guide. LACDMH reserves the right to modify and change the document at any time. LACDMH will disseminate the information in a timely manner, should there be any change to this document.



DOCUMENT REVISION HISTORY

| Version | Release Date | Revised by | Comments/ Indicate Sections Revised |
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| DRAFT | 07/01/2013 | DMH Integration Team | Draft Version of the Web Services Companion Guide |
| 1.0 | 07/15/2013 | DMH Integration Team | Most of the missing dictionary values have been included (provided by the Vendor). |
| 1.1 | 07/18/2013 | DMH Integration Team | TBD data elements are identified and marked in the overview. The overview section has been revised. |
| 1.2 | 07/20/2013 | DMH Integration Team | Added Introduction, Scope, and Background; modified Overview section; modified and sorted the dictionary values and reference to the data elements; modified the cover page and changed the layout of Table of Contents; added Disclosure Page, Appendix and added DMH references. Also updated with CSI column, GUID and three added data elements for financial eligibility. |
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A. INTRODUCTION

A.1. Scope

This companion guide is intended to be used by Los Angeles County Department of Mental Health's (LACDMH's) trading partners and their respective vendors to allow them to create and update the client information in LACDMH's EHR system through a suite of web services' function calls. This document describes all the data elements to be exchanged, the format of the data and references to the corresponding dictionary values.

A.2. Background

LACDMH has a large base of trading partners – Legal Entities (LEs) and Fee-For-Service (FFS) providers - serving Los Angeles County clients. Currently, the representatives of trading partners directly access the County's IS legacy environment to enter all the data needed to establish or update the client in the LACDMH system. This dual-data-entry approach creates extra overhead for trading partners, since trading partners have to maintain the identical data set in their respective EHR systems in addition to manually entering into LACDMH's system. With the implementation of a [new] LACDMH EHR system - Integrated Behavioral Health Information System (IBHIS), trading partners will not have the capability of directly entering the data into IBHIS. The mechanism by which LACDMH will allow Contract Providers to enter and update the client information is via a Web Service.

A.3. Overview

Web service is an XML-based information exchange mechanism that uses the Internet for direct application-to-application interaction. It is a collection of open protocols and standards used for exchanging data between applications or systems. Software applications written in various programming languages and running on various platforms can use web services to exchange data over computer networks like the Internet in a manner similar to inter-process communication on a single computer.

The DMH Client Web Service supports the following functionality to facilitate the information exchange between the DMH IBHIS application and the software/application of EHR vendors of trading partners:

- Search Client
- Create and Admit New Client
- Admit Existing Client
- Update Client

- Discharge Client
- Get Client Information
- Get Client Treatment History

This Guide describes the functions and their related data elements which will be handled through Web Services. Each function table listed in this document is organized based on the table provided below. Under the “ACTION” column, there are two types of actions: “ACCEPTS” and “RETURNS”. The “ACCEPTS” action indicates what DMH will be receiving as “Input”. The “RETURNS” action indicates what DMH will be sending back as “Output”. The remaining columns are described in the table below.

| Function Name: | | Name of the Function | | | | | | | | | |
|--------------------|--------------------------------------|------------------------|---|----------------------------------|----------------------------------|--|---|--|---------------------------|--|---|
| | | | | | | | | | | Mapping Rules | |
| ACTION | Ref # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS or RETURNS | Pre-assigned field reference number. | Name of the data field | Data Type (e.g. String, Text, Date, etc.) | Minimum length of the data field | Maximum length of the data field | Value(s) the field will be accepting (e.g. Drop-down value selection, Numeric values, Free text, etc.) | Identifies the fields required by DMH. Required fields are marked with a “Y”. | Client and Service Information. Required fields are marked with a “Y”. | Description of the field. | Designates data rules (e. g. Constraint, Format, etc.) | Data structure or format (e.g. MM-DD-YYYY, HH:MM, etc.) |

Note: There are some data elements (see the list below) marked as “TBD” for length/values/description etc. Please leave these data elements open. The information will be provided with the Technical Design document.

1. Acknowledgement
2. Client Note
3. Diagnosis Unique ID



4. Client Additional UMDAP Unique Identifier
5. Client Pregnancy Unique ID
6. Legacy Client ID
7. Legacy Program Name
8. Legacy Program Type
9. Legacy Primary Diagnosis Description



B. DATA ELEMENTS & FUNCTION CALLS

B.1. Search Client

| Function Name: | | Search Client | | | | | | | | | |
|----------------|-------|------------------------|-------------|------------|------------|--|----------|-----|---------------------------------------|---------------|-------------|
| | | | | | | | | | | Mapping Rules | |
| ACTION | Ref # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 1 | Client ID | Integer | 1 | 50 | | | | Unique client identification in IBHIS | | |
| | 2 | First Name | String | 1 | 50 | | Y | | The first name of the client | | |
| | 3 | Last Name | String | 1 | 50 | | Y | | The last name of the client | | |
| | 4 | Date of Birth | Date | 10 | 10 | | Y | | The date when the client was born | Format | MM-DD-YYYY |
| | 5 | Social Security Number | String | 11 | 11 | | Y | | Social Security Number of the client | Format | XXX-XX-XXXX |
| | 6 | Medi-Cal Policy Number | String | 1 | 50 | | | | Medi-Cal Policy Number of the client | | |
| | 7 | Alias | String | 1 | 50 | | | | Other name(s) used by client | | |
| | 8 | Gender | Enumeration | 1 | 1 | "F" - Female "M" - Male "O" - Other "U" - Unknown | Y | | The gender of the client | Constraint | |
| | | | | | | | | | | | |
| RETURNS | 1 | Acknowledgement | TBD | TBD | TBD | TBD | Y | | TBD | | |
| | 2 | Client ID | Integer | 1 | 50 | | Y | | Unique client identification in IBHIS | | |
| | 3 | Client Name | String | 1 | 50 | | Y | | The full name of the client | | |



| Function Name: | Search Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---------------------------|----------------|-------------|------------|------------|-------------------------------|----------|-----|---|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| RETURNS | 4 | Date of Birth | Date | 10 | 10 | | Y | | The date when the client was born | Format | MM-DD-YYYY |
| | 5 | Address Street | String | 1 | 50 | | Y | | Street name and building number where a client can be found | | |
| | 6 | Address City | String | 1 | 50 | | Y | | Name of US city where a client can be found | | |
| | 7 | Address State | Enumeration | 2 | 2 | C.2 Dictionaries (D.19 State) | Y | | United States federated territory where a client can be found | Format | XX |
| | 8 | Alias | String | 1 | 50 | | | | Other names that the client use | | |

B.2. Create and Admit New Client

| Function Name: | | Create and Admit New Client | | | | | | | | | |
|----------------|--------|----------------------------------|---------|------------|------------|-------|----------|-----|--|---------------|------|
| | | | | | | | | | | Mapping Rules | |
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 1 | Episode ID | Integer | 1 | 3 | | | | This field uniquely identifies a specific episode | | |
| | 2 | First Name | String | 1 | 50 | | Y | | The first name of the client | | |
| | 3 | Last Name | String | 1 | 50 | | Y | | The last name of the client | | |
| | 4 | Client Responsible Legal Entity | String | 1 | 50 | | Y | | Responsible Legal Entity for Client | | |
| | 5 | Annual Charge Period | Integer | 1 | 2 | | Y | | A twelve-month period that constitutes a client's fiscal year | | |
| | 6 | Number of Dependents upon Income | Integer | 1 | 2 | | Y | | Those persons claimable as exemptions on the client/payer's Federal Income Tax Return. | | |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|-------------------------|---------|------------|------------|-------|----------|-----|--|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 7 | Adjusted Monthly Income | Decimal | 1 | 10 | | Y | | Adjusted Monthly Income is determined by using the client/payer's (including spouse's income and child or spousal support if applicable) monthly gross income, adding the allowable liquid asset valuation amount, and subtracting the total monthly allowable expenses. | | |
| | 8 | Annual Liability | Decimal | 1 | 50 | | Y | | The amount determined that is within the client's ability to personally pay for services based on a sliding scale fee and applies to services extended to the client and dependent family members. | | |
| | 9 | Responsible Person | String | 1 | 50 | | Y | | Name of family member responsible for the client | | |
| | 10 | Client Note | String | TBD | TBD | TBD | | | Client Note | | |
| | 11 | Record Creation Date | Date | 10 | 10 | | Y | | Date the record was created | Constant | |
| | 12 | Pregnancy Start Date | Date | 10 | 10 | | Y | | This is the start date of pregnancy | Format | MM-DD-YYYY |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|-------------------------------|-------------|------------|------------|---|----------|-----|---|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 13 | Pregnancy End Date | Date | 10 | 10 | | Y | | This is the end date of pregnancy | Format | MM-DD-YYYY |
| | 14 | Client Initial Treatment Date | Date | 10 | 10 | | | | Initial Treatment Date for the Client | Format | MM-DD-YYYY |
| | 15 | Date of last menstrual period | Date | 10 | 10 | | | | Last menstrual period for the client | Format | MM-DD-YYYY |
| | 16 | Client Pregnancy | Boolean | 1 | 1 | "N" - No "U" - Unknown "Y" - Yes | Y | | This is an indicator whether the client is pregnant or not | | |
| | 17 | Date of Diagnosis | Date | 10 | 10 | | Y | | Date of when the diagnosis occurred | Format | MM-DD-YYYY |
| | 18 | Time of Diagnosis | Time | 5 | 5 | | Y | | Time of when the diagnosis occurred | Format | HH:MM |
| | 19 | Type of Diagnosis | Enumeration | 1 | 1 | "A" - Admission "D" – Discharge "O" - Onset "U" - Update | Y | | What type of diagnosis was performed | | |
| | 20 | Diagnosing Practitioner | String | 1 | 50 | | Y | | Name/StaffID of the Practitioner | | |
| | 21 | Principal Diagnosis | String | 1 | 300 | Not a dictionary - this is intended to match one of the diagnoses reported in the record. (e.g. client has diagnoses A, B, and C, where A is the principal diagnosis) | Y | | The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital | | |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|--------------------------------|-------------|------------|------------|---|----------|-----|--|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 22 | Diagnosis Axis I | Enumeration | 1 | 100 | C.2 Dictionaries (D.6) | Y | | Clinical syndromes that are the focus of the diagnosis | | |
| | 23 | Diagnosis Axis I – 2 | Enumeration | 1 | 100 | C.2 Dictionaries (D.6) | | | Additional Axis 1 | | |
| | 24 | Diagnosis Axis I – 3 | Enumeration | 1 | 100 | C.2 Dictionaries (D.6) | | | Additional Axis 1 | | |
| | 25 | Diagnosis Axis II – 1 | Enumeration | 1 | 100 | C.2 Dictionaries (D.6) | Y | | Long standing chronic conditions that may affect the clinical syndromes listed in Axis I | | |
| | 26 | Diagnosis Axis III – 1 | Enumeration | 1 | 300 | C.2 Dictionaries (D.7) | Y | | Medical conditions | | |
| | 27 | Diagnosis Axis IV | Enumeration | 1 | 1 | Axis IV is not just one field; it's a series of nine fields broken down below: (So create nine fields) | | | Psychosocial and environmental stressors that may affect the clinical syndromes listed in Axis I | | |
| | | Axis IV: Primary Support Group | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Social Environment | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Educational | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Occupational | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Housing | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|--|-------------|------------|------------|---|----------|-----|---|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | | Axis IV: Economic | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Healthcare Services | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Legal System/ Crime | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Other Problems | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | 28 | Diagnosis Axis V | Enumeration | 1 | 100 | C.2 Dictionaries (D.8) | | | Global Assessment of Functioning (GAF) Score | | |
| | 29 | Trauma | Enumeration | 1 | 1 | "N" - No "U" - Unknown "Y" - Yes | | Y | An emotional wound or shock that creates substantial, lasting damage to the psychological development of a person | | |
| | 30 | General Medical Condition Summary Code | Enumeration | 1 | 2 | C.2 Dictionaries (D.14) | | Y | Codes that represent the General Medical Condition | | |
| | 31 | Substance Abuse / Dependence | Enumeration | 1 | 1 | "N" - No "U" - Unknown/Not Reported "Y" - Yes | | Y | Any continued pathological use of a medication, non-medically indicated drug (called drugs of abuse), or toxin | | |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|--|-------------|------------|------------|----------------------------|----------|-----|---|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 32 | Substance Abuse / Dependence Diagnosis | Enumeration | 1 | 100 | C.2 Dictionaries (D.6) | | Y | Diagnosis that is based on clusters of behaviors and physiological effects occurring within a specific time frame | | |
| | 33 | Guarantor ID | Enumeration | 1 | 50 | C.2 Dictionaries (D.15) | Y | | | | |
| | 34 | Guarantor Order | Integer | 1 | 1 | 1 (default) 2 3 4 | Y | | Billing order for client's eligible guarantor sources | | |
| | 35 | Guarantor Plan | String | 1 | 50 | | Y | | | | |
| | 36 | Customize Guarantor Plan | String | 1 | 50 | | Y | | | | |
| | 37 | Client Effective Date Of Contract | Date | 10 | 10 | | Y | | | | |
| | 38 | Eligibility Verified | Boolean | 2 | 3 | "Yes" "No" | Y | | | | |
| | 39 | Coverage Effective Date | Date | 10 | 10 | | Y | | Date of coverage for the client | Format | MM-DD-YYYY |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|-------------------------------------|-------------|------------|---------------------------------|--|----------|--|---|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 40 | Client’s Relationship to Subscriber | Enumeration | 1 | 2 | C.2 Dictionaries (D.3) | Y | | The relationship between the client and the insurance subscriber | | |
| | 41 | Subscriber Name | String | 1 | 50 | | Y | | The name of the insurance subscriber | | |
| | 42 | Subscriber Address | String | 1 | 50 | | Y | | Street name and building number where the subscriber can be found | | |
| | 43 | Subscriber Zip | String | 5 | 12 | | Y | | United States postal office code | | |
| | 44 | Subscriber City | String | 1 | 50 | | Y | | Name of US city where the subscriber can be found | | |
| | 45 | Subscriber State | Enumeration | 2 | 2 | C.2 Dictionaries (D.19) | Y | | United States federated territory where the subscriber can be found | Format | XX |
| | 46 | Subscriber Policy Number | String | 1 | 50 | | Y | | Insurance policy number of the subscriber | | |
| | 47 | Subscriber Client Index Number | String | 1 | 50 | | Y | | Client Index Number of the subscriber (CIN) | | |
| | 48 | Subscriber Assignment of Benefits | Enumeration | 1 | 1 | "Y" - Yes (default) "N" - No "R" - Refused | Y | | Assignment of Benefits of the subscriber | | |
| 49 | Subscriber Release of Information | Enumeration | 1 | 1 | "Y" - Yes (default) "N" - No | Y | | Release of information of the subscriber | | | |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|-----------------------------------|-------------|------------|------------|--|----------|-----|---|---------------|-------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 50 | Coordination of Benefits | Enumeration | 1 | 1 | "Y" - Yes (default) "N" - No | Y | | A provision used to establish the order in which health insurance plans pay claims when more than one plan exists | | |
| | 51 | Subscriber Social Security Number | String | 11 | 11 | | Y | | Social Security Number of the subscriber | Format | XXX-XX-XXXX |
| | 52 | Subscriber Gender | Enumeration | 1 | 1 | "F" - Female "M" - Male "U" - Unknown | Y | | Gender of the subscriber | | |
| | 53 | Subscriber's Covered Days | Integer | 1 | 4 | | Y | | | | |
| | 54 | Maximum Covered Dollars | Decimal | 1 | 11 | | Y | | | | |
| | 55 | Gender | Enumeration | 1 | 1 | "F" - Female "M" - Male "O" - Other "U" - Unknown | Y | | The gender of the client | Constraint | |
| | 56 | Date of Birth | Date | 10 | 10 | | Y | | The date when the client was born | Format | MM-DD-YYYY |
| | 57 | Social Security Number | String | 11 | 11 | | Y | | Social Security Number of the client | Format | XXX-XX-XXXX |
| | 58 | Client Living Arrangements | Enumeration | 1 | 2 | C.2 Dictionaries (D.2) | Y | | The living arrangement of the client | | |
| | 59 | Street Address 1 | String | 1 | 50 | | Y | | Street name and building number where a client can be found | | |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|---------------------|-------------|------------|------------|---|----------|-----|---|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 60 | Street Address 2 | String | 1 | 50 | | | | Additional street address information | | |
| | 61 | ZIP Code | String | 5 | 12 | | Y | | United States postal office code | | |
| | 62 | City | String | 1 | 50 | | Y | | Name of US city where client can be found | | |
| | 63 | State | Enumeration | 2 | 2 | C.2 Dictionaries (D.19) | Y | | United States federated territory where a client can be found | Format | XX |
| | 64 | Client's Home Phone | String | 12 | 12 | | | | Phone number of client's home | | |
| | 65 | Marital Status | Enumeration | 1 | 1 | "1" - Single / Never Married "2" - Now Married (Includes Common-Law) "3" - Remarried "4" - Separated "5" - Divorced (Includes Divorced, Annulled) "6" - Widowed "7" - Domestic Partnership "9" - Unknown | Y | | Client's marital status | | |
| | 66 | Primary Language | Enumeration | 1 | 2 | C.2 Dictionaries (D.21) | | | Primary language spoken by client | | |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|--|-------------|------------|------------|-------------------------|----------|-----|---|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 67 | Client Race | Enumeration | 1 | 1 | C.2 Dictionaries (D.11) | | | The race of the client | | |
| | 68 | Ethnic Origin | Enumeration | 1 | 50 | C.2 Dictionaries (D.11) | | | The ethnicity of the client | | |
| | 69 | Education | Enumeration | 2 | 2 | C.2 Dictionaries (D.9) | Y | | Highest level of schooling attained by the client | | |
| | 70 | Employment Status | Enumeration | 2 | 2 | C.2 Dictionaries (D.10) | Y | Y | What is the state of employment of the client | | |
| | 71 | Alias | String | 1 | 50 | | | | Other names that the client use | | |
| | 72 | Email | String | 6 | 50 | | | | The email address of the client | | |
| | 73 | Birth Name (First) | String | 1 | 50 | | Y | Y | The given first name of client at birth | | |
| | 74 | Birth Name (Last) | String | 1 | 50 | | Y | Y | The given last name of client at birth | | |
| | 75 | Birth Name (Middle) | String | 1 | 50 | | | | The given middle name of client at birth | | |
| | 76 | Mothers First Name | String | 1 | 50 | | | Y | First name of client's Mother | | |
| | 77 | Fiscally Responsible County for Client | Enumeration | 2 | 2 | C.2 Dictionaries (D.13) | Y | Y | What county is financially responsible for client | | |
| | 78 | Place of Birth County | Enumeration | 1 | 2 | C.2 Dictionaries (D.18) | | Y | United States County where the client was born | | |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|------------------------------|-------------|------------|------------|---|----------|-----|---|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 79 | Place of Birth State | Enumeration | 2 | 2 | C.2 Dictionaries (D.19) | Y | Y | The name of the State where the client was born | Format | XX |
| | 80 | Place of Birth Country | Enumeration | 1 | 2 | C.2 Dictionaries (D.17) | Y | Y | The name of the Country where the client was born | | |
| | 81 | Admission Necessity Code | Enumeration | 1 | 1 | "1" - Emergency "2" - Planned (Prior Authorization) "9" - Unknown/Not Reported | Y | Y | The Admission Necessity Code | | |
| | 82 | Conservatorship/Court Status | Enumeration | 1 | 1 | C.2 Dictionaries (D.4) | Y | Y | The status of conservatorship of the client | | |
| | 83 | Special Population | Enumeration | 1 | 1 | "A" - Assisted Outpatient Treatment service(s) (AB 1421) "C" - (AB 3632) Individualized education plan (IEP) required service(s) "G" - Governor's Homeless Initiative (GHI) service(s) "N" - No special population services "W" - Welfare-to-work plan specified service(s) | Y | Y | A disadvantaged group | | |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|--|-------------|------------|------------|-------------------------|----------|-----|---|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 84 | Legal Class | Enumeration | 2 | 2 | C.2 Dictionaries (D.16) | Y | Y | Type of commitment proceeding that resulted in a client's placement in a hospital | | |
| | 85 | County School | Enumeration | 5 | 7 | C.2 Dictionaries (D.5) | | Y | County of where the client's school is located | | |
| | 86 | Preferred Language | Enumeration | 1 | 2 | C.2 Dictionaries (D.20) | Y | Y | The language the client prefers other than English | | |
| | 87 | Number of Dependents Less than 18 Years of Age | Integer | 1 | 2 | | Y | Y | How many dependents does the client have that are under 18 years of age | | |
| | 88 | Number of Dependents over 18 | Integer | 1 | 2 | | Y | Y | How many dependents does that client have that are over 18 years of age | | |
| | 89 | GUID | String | 36 | 36 | | | | Global Unique Identifier | | |
| | 90 | Program | Enumeration | 2 | 9 | C.2 Dictionaries (D.22) | Y | | Name of community or hospital-based services that are available to adults who have a serious mental illness and children with a severe emotional disorder | | |
| | 91 | Admission Date | Date | 10 | 10 | | Y | | The date when the client was admitted or pre-admitted | Format | MM-DD-YYYY |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|---|-------------|------------|------------|--|----------|-----|--|---------------|-------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 92 | Admission Time | Time | 5 | 5 | | Y | | The time when the client was admitted or pre-admitted | Format | HH:MM |
| | 93 | Type of Admission | Enumeration | 1 | 1 | "0" - Pre-Admission "1" - First Admission "2" - Re-Admission "3" - Emergency "4" - Urgent "5" - Elective "6" - Information Not Available | Y | | The type of admission | | |
| | 94 | Admitting Practitioner | String | 1 | 50 | | Y | | Name/StaffID of practitioner | | |
| | | | | | | | | | | | |
| RETURNS | 1 | Acknowledgement | TBD | TBD | TBD | TBD | Y | | TBD | TBD | TBD |
| | 2 | Client Additional UMDAP Unique Identifier | TBD | TBD | TBD | TBD | Y | | TBD | TBD | TBD |
| | 3 | Client ID | Integer | 1 | 50 | | Y | | Unique client identification in IBHIS | | |
| | 4 | Client Name | String | 1 | 50 | | Y | | The full name of the client | | |
| | 5 | Client Pregnancy | Boolean | 1 | 1 | "N" - No "U" - Unknown "Y" - Yes | Y | | This is an indicator whether the client is pregnant or not | | |



| Function Name: | Create and Admit New Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---|-----------------------------|-------------|------------|------------|----------------------------|----------|-----|---|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| RETURNS | 6 | Diagnosis Unique Identifier | String | | | | Y | | | | |
| | 7 | Episode ID | Integer | 1 | 3 | | | | This field uniquely identifies a specific episode | | |
| | 8 | Guarantor ID | Enumeration | 1 | 50 | C.2 Dictionaries (D.15) | Y | | | | |
| | 9 | Guarantor Order | Integer | 1 | 1 | 1 (default) 2 3 4 | Y | | Billing order for client's eligible guarantor sources | | |



B.3. Admit Existing Client

| Function Name: | | Admit Existing Client | | | | | | | | | |
|----------------|-------|-----------------------|-------------|------------|------------|-------------------------|----------|-----|---|---------------|------------|
| | | | | | | | | | | Mapping Rules | |
| ACTION | Ref # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 1 | Client ID | Integer | 1 | 50 | | Y | | Unique client identification in IBHIS | | |
| | 2 | Client Name | String | 1 | 50 | | Y | | The full name of the client | | |
| | 3 | Program | Enumeration | 2 | 9 | C.2 Dictionaries (D.22) | Y | | Name of community or hospital-based services that are available to adults who have a serious mental illness and children with a severe emotional disorder | | |
| | 4 | Admission Date | Date | 10 | 10 | | Y | | The date when the client was admitted or pre-admitted | Format | MM-DD-YYYY |
| | 5 | Admission Time | Time | 5 | 5 | | Y | | The time when the client was admitted or pre-admitted | Format | HH:MM |



| Function Name: | Admit Existing Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|-----------------------------------|----------------------------|-------------|------------|------------|--|----------|-----|---|---------------|-------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 6 | Type of Admission | Enumeration | 1 | 1 | "0" - Pre-Admission "1" - First Admission "2" - Re-Admission "3" - Emergency "4" - Urgent "5" - Elective "6" - Information Not Available | Y | | The type of admission | | |
| | 7 | Admitting Practitioner | String | 1 | 50 | | Y | | Name/Staff ID of practitioner | | |
| | 8 | Gender | Enumeration | 1 | 1 | "F" - Female "M" - Male "O" - Other "U" - Unknown | Y | | The gender of the client | Constraint | |
| | 9 | Date of Birth | Date | 10 | 10 | | Y | | The date when the client was born | Format | MM-DD-YYYY |
| | 10 | Social Security Number | String | 11 | 11 | | Y | | Social Security Number of the client | Format | XXX-XX-XXXX |
| | 11 | Client Living Arrangements | Enumeration | 1 | 2 | C.2 Dictionaries (D.2) | Y | | The living arrangement of the client | | |
| | 12 | Street Address 1 | String | 1 | 50 | | Y | | Street name and building number where a client can be found | | |
| | 13 | Street Address 2 | String | 1 | 50 | | | | Additional street address information | | |
| | 14 | ZIP Code | String | 5 | 12 | | Y | | United States postal office code | | |



| Function Name: | Admit Existing Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|-----------------------------------|---------------------|-------------|------------|------------|---|----------|-----|---|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 15 | City | String | 1 | 50 | | Y | | Name of US city where client can be found | | |
| | 16 | State | Enumeration | 2 | 2 | C.2 Dictionaries (D.19) | Y | | United States federated territory where a client can be found | Format | XX |
| | 17 | Client's Home Phone | String | 12 | 12 | | | | Phone number of client's home | | |
| | 18 | Marital Status | Enumeration | 1 | 1 | "1" - Single / Never Married "2" - Now Married (Includes Common-Law) "3" - Remarried "4" - Separated "5" - Divorced (Includes Divorced, Annulled) "6" - Widowed "7" - Domestic Partnership "9" – Unknown | Y | | Client's marital status | | |
| | 19 | Primary Language | Enumeration | 1 | 2 | C.2 Dictionaries (D.21) | | | Primary language spoken by client | | |
| | 20 | Client Race | Enumeration | 1 | 1 | C.2 Dictionaries (D.11) | | Y | The race of the client | | |



| Function Name: | Admit Existing Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|-----------------------------------|-------------------|-------------|------------|------------|-------------------------|----------|-----|---|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| | 21 | Ethnic Origin | Enumeration | 1 | 50 | C.2 Dictionaries (D.11) | | Y | The ethnicity of the client | | |
| | 22 | Education | Enumeration | 2 | 2 | C.2 Dictionaries (D.9) | Y | | Highest level of schooling attained by the client | | |
| | 23 | Employment Status | Enumeration | 2 | 2 | C.2 Dictionaries (D.10) | Y | | What is the state of employment of the client | | |
| | 24 | Alias | String | 1 | 50 | | | | Other names that the client use | | |
| | 25 | Email | String | 6 | 50 | | | | The email address of the client | | |
| | | | | | | | | | | | |
| RETURNS | 1 | Acknowledgement | TBD | TBD | TBD | TBD | Y | | TBD | | |
| | 2 | Client ID | Integer | 1 | 50 | | Y | | Unique client identification in IBHIS | | |
| | 3 | Client Name | String | 1 | 50 | | Y | | The full name of the client | | |
| | 4 | Episode ID | Integer | 1 | 3 | | Y | | This field uniquely identifies a specific episode | | |



B.4. Update Client

| Function Name: | | Update Client | | | | | | | | | |
|----------------|-------|----------------------------------|---------|------------|------------|-------|----------|-----|--|---------------|------|
| | | | | | | | | | | Mapping Rules | |
| ACTION | Ref # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 1 | Client ID | Integer | 1 | 50 | | Y | | Unique client ID in IBHIS | | |
| | 2 | Episode ID | Integer | 1 | 3 | | Y | | This field uniquely identifies a specific episode | | |
| | 3 | Client Name | String | 1 | 50 | | Y | | Full name of the client | | |
| | 4 | Client Responsible Legal Entity | String | 1 | 50 | | Y | | Responsible Legal Entity for Client | | |
| | 5 | Annual Charge Period | Integer | 1 | 2 | | Y | | A twelve-month period that constitutes a client's fiscal year | | |
| | 6 | Number of Dependents upon Income | Integer | 1 | 2 | | Y | | Those persons claimable as exemptions on the client/payer's Federal Income Tax Return. | | |
| | 7 | Adjusted Monthly Income | Decimal | 1 | 10 | | Y | | Adjusted Monthly Income is determined by using the client/payer's (including spouse's income and child or spousal support if applicable) monthly gross income, adding the allowable liquid asset valuation amount, and subtracting the total monthly allowable expenses. | | |



| Function Name: | Update Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---------------------------|---|---------|------------|------------|--|----------|-----|--|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 8 | Annual Liability | Decimal | 1 | 50 | | Y | | The amount determined that is within the client's ability to personally pay for services based on a sliding scale fee and applies to services extended to the client and dependent family members. | | |
| | 9 | Responsible Person | String | 1 | 50 | | Y | | Name of family member responsible for the client | | |
| | 10 | Client Note | String | TBD | TBD | TBD | | | Client Note | | |
| | 11 | Record Creation Date | Date | 10 | 10 | | Y | | Date the record was created | Constant | |
| | 12 | Client Additional UMDAP Unique Identifier | | TBD | TBD | TBD | Y | | | | |
| | 13 | Pregnancy Start Date | Date | 10 | 10 | | Y | | This is the start date of pregnancy | Format | MM-DD-YYYY |
| | 14 | Pregnancy End Date | Date | 10 | 10 | | Y | | This is the end date of pregnancy | Format | MM-DD-YYYY |
| | 15 | Client Initial Treatment Date | Date | 10 | 10 | | | | Initial Treatment Date for the Client | Format | MM-DD-YYYY |
| | 16 | Date of last menstrual period | Date | 10 | 10 | | | | Last menstrual period for the client | Format | MM-DD-YYYY |
| | 17 | Client Pregnancy | Boolean | 1 | 1 | "N" - No "U" - Unknown "Y" - Yes | Y | | This is an indicator whether the client is pregnant or not | | |



| Function Name: | Update Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---------------------------|-------------------------|-------------|------------|------------|---|----------|-----|---|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 18 | Diagnosis Unique ID | String | | | | Y | | Diagnosis Unique ID | | |
| | 19 | Date of Diagnosis | Date | 10 | 10 | | Y | | Date of when the diagnosis occurred | Format | MM-DD-YYYY |
| | 20 | Time of Diagnosis | Time | 5 | 5 | | Y | | Time of when the diagnosis occurred | Format | HH:MM |
| | 21 | Type of Diagnosis | Enumeration | 1 | 1 | "A" - Admission "D" – Discharge "O" - Onset "U" - Update | Y | | What type of diagnosis was performed | | |
| | 22 | Diagnosing Practitioner | String | 1 | 50 | | Y | | Name/StaffID of the Practitioner | | |
| | 23 | Principal Diagnosis | String | 1 | 100 | Not a dictionary - this is intended to match one of the diagnoses reported in the record. (e.g. client has diagnoses A, B, and C, where A is the principal diagnosis) | Y | | The diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital | | |
| | 24 | Diagnosis Axis I | Enumeration | 1 | 100 | C.2 Dictionaries (D.6) | Y | | Clinical syndromes that are the focus of the diagnosis | | |
| | 25 | Diagnosis Axis I – 2 | Enumeration | 1 | 100 | C.2 Dictionaries (D.6) | | | Additional Axis 1 | | |
| | 26 | Diagnosis Axis I – 3 | Enumeration | 1 | 100 | C.2 Dictionaries (D.6) | | | Additional Axis 1 | | |
| | 27 | Diagnosis Axis II – 1 | Enumeration | 1 | 100 | C.2 Dictionaries (D.6) | Y | | Long standing chronic conditions that may affect the clinical syndromes listed in Axis I | | |



| Function Name: | Update Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---------------------------|--------------------------------|-------------|------------|------------|---|----------|-----|--|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 28 | Diagnosis Axis III – 1 | Enumeration | 1 | 300 | C.2 Dictionaries (D.7) | Y | | Medical conditions | | |
| | 29 | Diagnosis Axis IV | Enumeration | 1 | 1 | Axis IV is not just one field; it's a series of nine fields broken down below: (So create nine fields) | | | Psychosocial and environmental stressors that may affect the clinical syndromes listed in Axis I | | |
| | | Axis IV: Primary Support Group | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Social Environment | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Educational | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Occupational | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Housing | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Economic | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Healthcare Services | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Legal System/ Crime | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | | Axis IV: Other Problems | Enumeration | 1 | 1 | N = No Y = Yes | | | | | |
| | 30 | Diagnosis Axis V | Enumeration | 1 | 100 | C.2 Dictionaries (D.8) | | | Global Assessment of Functioning (GAF) Score | | |



| Function Name: | Update Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---------------------------|--|-------------|------------|------------|---|----------|-----|---|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 31 | Trauma | Enumeration | 1 | 1 | "N" - No "U" - Unknown "Y" - Yes | | | An emotional wound or shock that creates substantial, lasting damage to the psychological development of a person | | |
| | 32 | General Medical Condition Summary Code | Enumeration | 1 | 2 | C.2 Dictionaries (D.14) | | | Codes that represent the General Medical Condition | | |
| | 33 | Substance Abuse / Dependence | Enumeration | 1 | 1 | "N" - No "U" - Unknown/Not Reported "Y" - Yes | | | Any continued pathological use of a medication, non-medically indicated drug (called drugs of abuse), or toxin | | |
| | 34 | Substance Abuse / Dependence Diagnosis | Enumeration | 1 | 100 | C.2 Dictionaries (D.6) | | | Diagnosis that is based on clusters of behaviors and physiological effects occurring within a specific time frame | | |
| | 35 | Guarantor ID | Enumeration | 1 | 50 | C.2 Dictionaries (D.15) | Y | | | | |
| | 36 | Guarantor Order | Integer | 1 | 1 | 1 (default) 2 3 4 | Y | | Billing order for client's eligible guarantor sources | | |



| Function Name: | Update Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---------------------------|-------------------------------------|-------------|------------|------------|-------------------------|----------|-----|---|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 37 | Guarantor Plan | String | 1 | 50 | | Y | | | | |
| | 38 | Customize Guarantor Plan | String | 1 | 50 | | Y | | | | |
| | 39 | Client Effective Date Of Contract | Date | 10 | 10 | | Y | | | | |
| | 43 | Eligibility Verified | Boolean | 2 | 3 | "Yes" "No" | Y | | | | |
| | 44 | Coverage Effective Date | Date | 10 | 10 | | Y | | Date of coverage for the client | Format | MM-DD-YYYY |
| | 45 | Client's Relationship to Subscriber | Enumeration | 1 | 2 | C.2 Dictionaries (D.3) | Y | | The relationship between the client and the insurance subscriber | | |
| | 46 | Subscriber Name | String | 1 | 50 | | Y | | The name of the insurance subscriber | | |
| | 47 | Subscriber Address | String | 1 | 50 | | Y | | Street name and building number where the subscriber can be found | | |
| | 48 | Subscriber Zip | String | 5 | 12 | | Y | | United States postal office code | | |
| | 49 | Subscriber City | String | 1 | 50 | | Y | | Name of US city where the subscriber can be found | | |
| | 50 | Subscriber State | Enumeration | 2 | 2 | C.2 Dictionaries (D.19) | Y | | United States federated territory where the subscriber can be found | Format | XX |
| | 51 | Subscriber Policy Number | String | 1 | 50 | | Y | | Insurance policy number of the subscriber | | |



| Function Name: | Update Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---------------------------|-----------------------------------|-------------|------------|------------|--|----------|-----|---|---------------|-------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 52 | Subscriber Client Index Number | String | 1 | 50 | | Y | | Client Index Number of the subscriber (CIN) | | |
| | 53 | Subscriber Assignment of Benefits | Enumeration | 1 | 1 | "Y" - Yes (default) "N" - No "R" - Refused | Y | | Assignment of Benefits of the subscriber | | |
| | 54 | Subscriber Release of Information | Enumeration | 1 | 1 | "Y" - Yes (default) "N" - No | Y | | Release of information of the subscriber | | |
| | 55 | Coordination of Benefits | Enumeration | 1 | 1 | "Y" - Yes (default) "N" - No | Y | | A provision used to establish the order in which health insurance plans pay claims when more than one plan exists | | |
| | 56 | Subscriber Social Security Number | String | 11 | 11 | | Y | | Social Security Number of the subscriber | Format | XXX-XX-XXXX |
| | 57 | Subscriber Gender | Enumeration | 1 | 1 | "F" - Female "M" - Male "U" - Unknown | Y | | Gender of the subscriber | Constraint | |
| | 58 | Subscriber's Covered Days | Integer | 1 | 4 | | Y | | | | |
| | 59 | Maximum Covered Dollars | Decimal | 1 | 11 | | Y | | | | |
| | | | | | | | | | | | |
| RETURNS | 1 | Acknowledgement | TBD | TBD | TBD | TBD | Y | | TBD | | |
| | 2 | Client ID | Integer | 1 | 50 | | Y | | Unique client identification in IBHIS | | |



| Function Name: | Update Client (continued) | | | | | | | | | Mapping Rules | |
|----------------|---------------------------|---|-------------|------------|------------|----------------------------|----------|-----|---|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| RETURNS | 3 | Client Additional UMDAP Unique Identifier | TBD | TBD | TBD | TBD | Y | | TBD | | |
| | 4 | Client Pregnancy Unique ID | TBD | TBD | TBD | TBD | Y | | Unique ID assigned by IBHIS | | |
| | 5 | Diagnosis Unique Identifier | String | TBD | TBD | TBD | Y | | TBD | | |
| | 6 | Episode ID | Integer | 1 | 3 | | | | This field uniquely identifies a specific episode | | |
| | 7 | Guarantor ID | Enumeration | 1 | 50 | C.2 Dictionaries (D.15) | Y | | | | |
| | 8 | Guarantor Order | Integer | 1 | 1 | 1 (default) 2 3 4 | Y | | Billing order for client's eligible guarantor sources | | |



B.5. Discharge Client

| Function Name: | | Discharge Client | | | | | | | | | |
|----------------|-------|----------------------------|-------------|------------|------------|-------------------------|----------|-----|---|---------------|------------|
| | | | | | | | | | | Mapping Rules | |
| ACTION | Ref # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 1 | Client ID | Integer | 1 | 50 | | Y | | Unique client identification in IBHIS | | |
| | 2 | Date of Discharge | Date | 10 | 10 | | Y | | Date the client is discharged | Format | MM-DD-YYYY |
| | 3 | Time of Discharge | Time | 5 | 5 | | Y | | Time the client is discharged | Format | HH:MM |
| | 4 | Discharge Practitioner | String | 1 | 50 | | Y | | Name/ID of the discharge practitioner | | |
| | 5 | Type of Discharge | Enumeration | 1 | 2 | C.2 Dictionaries (D.27) | Y | | Type of Discharge | | |
| | 6 | Episode Discharge Comments | String | | | | Y | | | | |
| | 7 | Episode ID | Integer | 1 | 3 | | Y | | This field uniquely identifies a specific episode | | |
| | | | | | | | | | | | |
| RETURNS | 1 | Acknowledgement | TBD | TBD | TBD | TBD | Y | | TBD | | |
| | 2 | Client ID | Integer | 1 | 50 | | Y | | Unique client identification in IBHIS | | |
| | 3 | Episode ID | Integer | 1 | 3 | | Y | | This field uniquely identifies a specific episode | | |



B.6. Get Client Information

| Function Name: | | Get Client Information | | | | | | | | | |
|----------------|-------|-------------------------|---------|------------|------------|-------|----------|-----|--|---------------|------------|
| | | | | | | | | | | Mapping Rules | |
| ACTION | Ref # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 1 | Client ID | Integer | 1 | 50 | | Y | | Unique client identification in IBHIS | | |
| RETURNS | 1 | Acknowledgement | TBD | TBD | TBD | TBD | Y | | TBD | | |
| | 2 | Adjusted Monthly Income | Decimal | 1 | 10 | | Y | | Adjusted Monthly Income is determined by using the client/payer's (including spouse's income and child or spousal support if applicable) monthly gross income, adding the allowable liquid asset valuation amount, and subtracting the total monthly allowable expenses. | | |
| | 3 | Admission Date | Date | 10 | 10 | | Y | | The date when the client was admitted or pre-admitted | Format | MM-DD-YYYY |



| Function Name: | Get Client Information (continued) | | | | | | | | | Mapping Rules | |
|----------------|------------------------------------|--------------------------|-------------|------------|------------|--|----------|-----|--|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| RETURNS | 4 | Admission Necessity Code | Enumeration | 1 | 2 | "1" - Emergency "2" - Planned (Prior Authorization) "9" - Unknown/Not Reported | Y | | The Admission Necessity Code | | |
| | 5 | Admitting Practitioner | String | 1 | 50 | | Y | | Name/StaffID of practitioner | | |
| | 6 | Alias | String | 1 | 50 | | | | Other names that the client use | | |
| | 7 | Annual Charge Period | Integer | 1 | 2 | | Y | | A twelve-month period that constitutes a client's fiscal year | | |
| | 8 | Annual Liability | Decimal | 1 | 50 | | Y | | The amount determined that is within the client's ability to personally pay for services based on a sliding scale fee and applies to services extended to the client and dependent family members. | | |
| | 9 | Birth Name (First) | String | 1 | 50 | | Y | | The given first name of client at birth | | |
| | 10 | Birth Name (Last) | String | 1 | 50 | | Y | | The given last name of client at birth | | |
| | 11 | City | String | 1 | 50 | | Y | | Name of US city where client can be found | | |



| Function Name: | Get Client Information (continued) | | | | | | | | | Mapping Rules | |
|----------------|------------------------------------|---|-------------|------------|------------|-------------------------|----------|-----|--|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| RETURNS | 12 | Client Additional UMDAP Unique Identifier | | TBD | TBD | TBD | Y | | TBD | | |
| | 13 | Client Initial Treatment Date | Date | 10 | 10 | | | | Initial Treatment Date for the Client | Format | MM-DD-YYYY |
| | 14 | Client Living Arrangements | Enumeration | 1 | 2 | C.2 Dictionaries (D.2) | Y | | The living arrangement of the client | | |
| | 15 | Client Name | String | 1 | 50 | | Y | | The full name of the client | | |
| | 16 | Client Note | String | TBD | TBD | TBD | | | Client Note | | |
| | 17 | Client Pregnancy Unique ID | TBD | TBD | TBD | TBD | Y | | Unique ID assigned by IBHIS | | |
| | 18 | Client Race | Enumeration | 1 | 1 | C.2 Dictionaries (D.11) | | | The race of the client | | |
| | 19 | Client Responsible Legal Entity | String | 1 | 50 | | Y | | Responsible Legal Entity for Client | | |
| | 20 | Client's Home Phone | String | 12 | 12 | | | | Phone number of client's home | | |
| | 21 | Client ID | Integer | 1 | 50 | | Y | | Unique client identification in IBHIS | | |
| | 22 | Conservatorship/Court Status | Enumeration | 1 | 1 | C.2 Dictionaries (D.4) | Y | | The status of conservatorship of the client | | |
| | 23 | County School | Enumeration | 5 | 7 | C.2 Dictionaries (D.5) | | | County of where the client's school is located | | |
| | 24 | Date of Birth | Date | 10 | 10 | | Y | | The date when the client was born | Format | MM-DD-YYYY |
| | 25 | Date of Discharge | Date | 10 | 10 | | Y | | Date the client is discharged | Format | MM-DD-YYYY |



| Function Name: | Get Client Information (continued) | | | | | | | | | Mapping Rules | |
|----------------|------------------------------------|--|-------------|------------|------------|--|----------|-----|---|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| RETURNS | 26 | Date of last menstrual period | Date | 10 | 10 | | | | Last menstrual period for the client | Format | MM-DD-YYYY |
| | 27 | Education | Enumeration | 2 | 2 | C.2 Dictionaries (D.9) | Y | | Highest level of schooling attained by the client | | |
| | 28 | Email | String | 6 | 50 | | | | The email address of the client | | |
| | 29 | Employment Status | Enumeration | 2 | 2 | C.2 Dictionaries (D.10) | Y | | What is the state of employment of the client | | |
| | 30 | Episode ID | Integer | 1 | 3 | | Y | | This field uniquely identifies a specific episode | | |
| | 31 | Ethnic Origin | Enumeration | 1 | 50 | C.2 Dictionaries (D.11) | | | The ethnicity of the client | | |
| | 32 | Fiscally Responsible County for Client | Enumeration | 2 | 2 | C.2 Dictionaries (D.13) | Y | | What county is financially responsible for client | | |
| | 33 | Gender | Enumeration | 1 | 1 | "F" - Female "M" - Male "O" - Other "U" - Unknown | Y | | The gender of the client | Constraint | |
| | 34 | Legal Class | Enumeration | 2 | 2 | C.2 Dictionaries (D.16) | Y | | Type of commitment proceeding that resulted in a client's placement in a hospital | | |



| Function Name: | Get Client Information (continued) | | | | | | | | | Mapping Rules | |
|----------------|------------------------------------|--|-------------|------------|------------|---|----------|-----|--|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| RETURNS | 35 | Marital Status | Enumeration | 1 | 1 | "1" - Single / Never Married "2" - Now Married (Includes Common-Law) "3" - Remarried "4" - Separated "5" - Divorced (Includes Divorced, Annulled) "6" - Widowed "7" - Domestic Partnership "9" - Unknown | Y | | Client's marital status | | |
| | 36 | Mothers First Name | String | 1 | 50 | | | | First name of client's Mother | | |
| | 37 | Number of Dependents Less than 18 Years of Age | Integer | 1 | 2 | | Y | | How many dependents does the client have that are under 18 years of age | | |
| | 38 | Number of Dependents over 18 | Integer | 1 | 2 | | Y | | How many dependents does that client have that are over 18 years of age | | |
| | 39 | Number of Dependents upon Income | Integer | 1 | 2 | | Y | | Those persons claimable as exemptions on the client/payer's Federal Income Tax Return. | | |



| Function Name: | Get Client Information (continued) | | | | | | | | | Mapping Rules | |
|----------------|------------------------------------|------------------------|-------------|------------|------------|-------------------------|----------|-----|---|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| RETURNS | 40 | Place of Birth Country | Enumeration | 1 | 2 | C.2 Dictionaries (D.17) | Y | | The name of the Country where the client was born | | |
| | 41 | Place of Birth County | Enumeration | 1 | 2 | C.2 Dictionaries (D.18) | | | United States County where the client was born | | |
| | 42 | Place of Birth State | Enumeration | 2 | 2 | C.2 Dictionaries (D.19) | Y | | The name of the State where the client was born | Format | XX |
| | 43 | Preferred Language | Enumeration | 1 | 2 | C.2 Dictionaries (D.20) | Y | | The language the client prefers other than English | | |
| | 44 | Pregnancy End Date | Date | 10 | 10 | | Y | | This is the end date of pregnancy | Format | MM-DD-YYYY |
| | 45 | Pregnancy Start Date | Date | 10 | 10 | | Y | | This is the start date of pregnancy | Format | MM-DD-YYYY |
| | 46 | Primary Language | Enumeration | 1 | 2 | C.2 Dictionaries (D.21) | | | Primary language spoken by client | | |
| | 47 | Program | Enumeration | 2 | 9 | C.2 Dictionaries (D.22) | Y | | Name of community or hospital-based services that are available to adults who have a serious mental illness and children with a severe emotional disorder | | |



| Function Name: | Get Client Information (continued) | | | | | | | | | Mapping Rules | |
|----------------|------------------------------------|------------------------|-------------|------------|------------|---|----------|-----|---|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| RETURNS | 48 | Record Creation Date | Date | 10 | 10 | | Y | | Date the record was created | Constant | |
| | 49 | Responsible Person | String | 1 | 50 | | Y | | Name of family member responsible for the client | | |
| | 50 | Social Security Number | String | 11 | 11 | | Y | | Social Security Number of the client | Format | XXX-XX-XXX |
| | 51 | Special Population | Enumeration | 1 | 1 | "A" - Assisted Outpatient Treatment service(s) (AB 1421) "C" - (AB 3632) Individualized education plan (IEP) required service(s) "G" - Governor's Homeless Initiative (GHI) service(s) "N" - No special population services "W" - Welfare-to-work plan specified service(s) | Y | | A disadvantaged group | | |
| | 52 | State | Enumeration | 2 | 2 | C.2 Dictionaries (D.19) | Y | | United States federated territory where a client can be found | Format | XX |
| | 53 | Street Address 1 | String | 1 | 50 | | Y | | Street name and building number where a client can be found | | |
| | | | | | | | | | | | |

| Function Name: | Get Client Information (continued) | | | | | | | | | Mapping Rules | |
|----------------|------------------------------------|-------------------|-------------|------------|------------|--|----------|-----|---------------------------------------|---------------|------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| RETURNS | 54 | Street Address 2 | String | 1 | 50 | | | | Additional street address information | | |
| | 55 | Type of Admission | Enumeration | 1 | 1 | "0" - Pre-Admission "1" - First Admission "2" - Re-Admission "3" - Emergency "4" - Urgent "5" - Elective "6" - Information Not Available | Y | | The type of admission | | |
| | 56 | ZIP Code | String | 5 | 12 | | Y | | United States postal office code | | |



B.7. Get Client Treatment History

| Function Name: | | Get Client Treatment History | | | | | | | | | |
|----------------|-------|------------------------------|-------------|------------|------------|-------------------------|----------|-----|---|---------------|------------|
| | | | | | | | | | | Mapping Rules | |
| ACTION | Ref # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| ACCEPTS | 1 | Client ID | Integer | 1 | 50 | | Y | | Unique client identification in IBHIS | | |
| RETURNS | 1 | Acknowledgement | TBD | TBD | TBD | TBD | Y | | TBD | | |
| | 2 | Client ID | Integer | 1 | 50 | | Y | | Unique client identification in IBHIS | | |
| | 3 | Admission Date | Date | 10 | 10 | | Y | | The date when the client was admitted | Format | MM-DD-YYYY |
| | 4 | Discharge Date | Date | 10 | 10 | | Y | | Date the client is discharged from the provider and services will no longer be provided (services are not transferred to another agency) | Format | MM-DD-YYYY |
| | 5 | Program | Enumeration | 2 | 9 | C.2 Dictionaries (D.22) | Y | | Name of community or hospital-based services that are available to adults who have a serious mental illness and children with a severe emotional disorder | | |



| Function Name: | Get Client Treatment History (continued) | | | | | | | | | Mapping Rules | |
|----------------|--|--------------------------------------|-------------|------------|------------|-----------------------------|----------|-----|---|---------------|------------|
| ACTION | Ref. # | Field | Type | Min Length | Max Length | Value | Required | CSI | Description | Rule Type | Rule |
| RETURNS | 6 | Type of service provided | Enumeration | 1 | 50 | Dictionary will be provided | Y | | Residential, Inpatient, Outpatient, Day Treatment, etc. | | |
| | 7 | Provider Name | String | 1 | 50 | | Y | | Name of the rendering provider | | |
| | 8 | Diagnosis | String | 1 | 50 | | Y | | Primary, secondary, etc. | | |
| | 9 | Provider Phone No. | String | 12 | 12 | | | | | | |
| | 10 | Provider location | String | 1 | 50 | | | | Service location not billing provider | | |
| | 11 | Dates of Prior Service | Date | 10 | 10 | | | | | Format | MM-DD-YYYY |
| | 12 | Legacy Client ID | TBD | TBD | TBD | TBD | Y | | | | |
| | 13 | Legacy First Service Date | Date | 10 | 10 | | Y | | | Format | MM-DD-YYYY |
| | 14 | Legacy Last Service Date | Date | 10 | 10 | | Y | | | Format | MM-DD-YYYY |
| | 15 | Legacy Program Name | TBD | TBD | TBD | TBD | Y | | | | |
| | 16 | Legacy Program Type | TBD | TBD | TBD | TBD | Y | | | | |
| | 17 | Legacy Practitioner Name | String | 1 | 50 | | Y | | | | |
| | 18 | Legacy Primary Diagnosis Description | TBD | TBD | TBD | TBD | Y | | | | |



C. APPENDIX

C.2 Dictionaries

For all dictionary values, please download “**DMH IBHIS Dictionary Values**” from the DMH IBHIS website.